

# Texas Education Agency Standard Application System (SAS)

<b>2017–2018 Perkins Reserve Grant</b>		
<b>Program authority:</b>	Title I, Part A, Carl D. Perkins Career and Technical Education Act of 2006, Public Law 109-270, Section 112(a)(1)	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here.</small> <div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> RECEIVED  TEXAS EDUCATION AGENCY  OCT 24 PM 10:33 </div>
<b>Grant Period:</b>	November 13, 2017, to August 31, 2018	
<b>Application deadline:</b>	5:00 p.m. Central Time, September 26, 2017	
<b>Submittal information:</b>	One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:  <div style="text-align: center;"> Document Control Center, Grants Administration Division  Texas Education Agency, 1701 North Congress Ave.  Austin, TX 78701-1494 </div>	
<b>Contact information:</b>	Diane Salazar: <a href="mailto:diane.salazar@tea.texas.gov">diane.salazar@tea.texas.gov</a> ; (512) 936-6060	

## Schedule #1—General Information

Part 1: Applicant Information				
Organization name	County-District #		Amendment #	
Spring ISD	101919			
Vendor ID #	ESC Region #			
Mailing address		City	State	ZIP Code
16717 Ella Blvd		Houston	TX	77090-4213
Primary Contact				
First name	M.I.	Last name	Title	
Cynthia		Williams	Director, CTE	
Telephone #	Email address		FAX #	
281-891-6200	cynthiaw@springisd.org		281-891-6336	
Secondary Contact				
First name	M.I.	Last name	Title	
Austin	R	Hayward	CTE Program Specialist	
Telephone #	Email address		FAX #	
281-891-6121	ahayward@springisd.org		281-891-6336	
Part 2: Certification and Incorporation				

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

### Authorized Official:

First name	M.I.	Last name	Title
Rodney		Watson	Superintendent
Telephone #	Email address		FAX #
281-891-6025	rwatson@springisd.org		281-891-6176
Signature (blue ink preferred)		Date signed	


10/25/17  
Only the legally responsible party may sign this application.

701-17-103-114

**Schedule #1—General Information**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

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Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <u>General and Fiscal Guidelines</u> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <u>General Provisions and Assurances</u> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <u>Debarment and Suspension Certification</u> requirements.

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**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurances that they will continue to meet all Statutory Requirements as outlined in their 2017–2018 Perkins Formula Grant incorporated by reference.
4.	The applicant assures that its ability is to meet the 20% match requirement.
5.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the curriculum they develop will be appropriately aligned to marketable skills in the identified high-demand occupations. It may include industry recognized credentialing as part of the degree plan.
6.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the development and implementation of industry experiences, including mentorship programs, internships, externships, and/or apprenticeship, will expose students to applied learning and real-world work activities in the identified high-demand occupation(s).
7.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that, within 90 days of the grant start, awarded applicants will submit a Memorandum of Understanding (MOU) detailing the relationship between the dual credit partner, the LEA, and business and industry partner(s).

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Indicate the Focus Area for which you are applying. **Only one Focus Area may be selected per application, limit of two applications per LEA** (see Program Guidelines pages 8 and 11 for more information on eligibility requirements for each of the Focus Areas).

- ☐ Focus Area 1: Pathway Hubs, Rural Schools
- ☐ Focus Area 2: Pathway Hubs, Career Center Partnerships
- ☐ Focus Area 3: CTE Career Cluster
- ☒ Focus Area 4: Testing Site/Licensed Instructor

Spring Independent School District Career and Technical Education program, in partnership with Lone Star college system, Prairie View A&M University, Conroe Health Care Center and several other business partners that serve our students with internships, propose to offer and enrich certification program designed to provide certification in high demand occupations focusing on Certified Nurse Aide/Assistance, Certified Patient Care Technician, Clinical Medical Assistance, Medical Laboratory Assistant and Pharmacy Technician.

The program of study this grant will target is the Health Science Cluster which align a rigorous sequence of coursework that leads to a certification or associate degree from our partnering higher education institutions.

The sample crosswalk for Emergency Medical Services Professions, Health Information Technology, and Vocational Nurse is listed in the following table.

LSC Course #	LSC Course Title	ISD Course Subject	ISD Course Title	PEIMS #
EMSP 1160	Clinical - EMT	Career and Technical Education	Practicum in Health Science	13020500
EMSP 1501	Emergency Medical Technician	Career and Technical Education	Practicum in Health Science	13020500

LSC Course #	LSC Course Title	ISD Course Subject	ISD Course Title	PEIMS #
HITT 1305	Medical Terminology I	Career and Technical Education	Medical Terminology	13020300

LSC Course #	LSC Course Title	ISD Course Subject	ISD Course Title	PEIMS #
VNSG 1160	Clinical – Basics	Career and Technical Education	Health Science Clinical	13020410
VNSG 1226	Gerontology	Career and Technical Education	Health Science Theory	13020400
VNSG 1260	Clinical I	Career and Technical Education	Health Science Clinical	13020410
VNSG 1304	Foundations of Nursing	Career and Technical Education	Principles of Health Science	13020200
VNSG 1323	Basic Nursing Skills	Career and Technical Education	Health Science Clinical	13020410
VNSG 1400	Nursing in Health and Illness I	Career and Technical Education	Health Science Theory	13020400

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**Schedule #5—Program Executive Summary (cont.)**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Spring Independent School District's five-year strategic plan, "Every Child 2020", is organized around five straightforward, key imperatives, designed to be true levers for the needed changes across the District.

One of the five imperatives; opportunities and choice for every family, outlines the commitment that Spring ISD will ensure a sustainable plan in which schools will continue to meet the goals of the grant after the end of the grant program. The strategy outlined in this imperative is to expand career pathways across all high schools.

As such, we will develop specialized pathways at all of the district's comprehensive high schools, which include opportunities to apply classroom knowledge to real-world experiences through lab work, mentoring, job shadowing and internships. Advanced labs to support these programs will be constructed at the district's three comprehensive high schools over the next two to three years.

Moreover, the Career and Technical Education (CTE) programs at Carl Wunsche Sr. High School will also be enriched with strengthened CTE programming and expanded internship opportunities. Carl Wunsche Sr. High School has been the district's pioneer in rigorous CTE programming. As such, best practices and lessons learned will be applied to any new and enhanced career pathway established in the district.

Lastly, the district will continue to identify innovative resources and expand high wage, high skill certifications offered. The district will recognize performance thorough program evaluations to ensure alignment between the career pathways and endorsements to college majors/degrees and careers.

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**Schedule #6—Program Budget Summary**

County-district number or vendor ID: 101919	Amendment # (for amendments only):
Program authority: Title I, Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109-270, Sec. 112 (a)(1)	
Grant period: November 13, 2017, to August 31, 2018	Fund code: 244

**Budget Summary**

Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost	Match
Schedule #7	Payroll Costs (6100)	6100	\$2200	\$500	\$2700	\$5000
Schedule #8	Professional and Contracted Services (6200)	6200	\$0	\$0	\$0	\$0
Schedule #9	Supplies and Materials (6300)	6300	\$7300	\$0	\$7300	\$0
Schedule #10	Other Operating Costs (6400)	6400	\$0	\$0	\$0	\$0
Schedule #11	Capital Outlay (6600)	6600	\$0	\$0	\$0	\$0
Grand total of budgeted costs (add all entries in each column):			<b>\$9500</b>	<b>\$500</b>	<b>\$10000</b>	<b>\$5000</b>

**Administrative Cost Calculation**

Enter the total grant amount requested:	\$10000
Percentage limit on administrative costs established for the program (5%):	× .05
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:	\$500

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**Schedule #7—Payroll Costs (6100)**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted	Match
<b>Academic/Instructional</b>					
1					
2	Educational aide			\$	\$
3	Tutor			\$	\$1000
<b>Program Management and Administration</b>					
4	Project director			\$	\$1000
5	Project coordinator			\$	\$
6	Teacher facilitator	4		\$2200	\$
7	Teacher supervisor			\$	\$
8	Secretary/administrative assistant			\$	\$
9	Data entry clerk			\$	\$
10	Grant accountant/bookkeeper			\$	\$
11	Evaluator/evaluation specialist			\$	\$1000
<b>Auxiliary</b>					
12	Counselor			\$	\$
13	Social worker			\$	\$
14	Community liaison/parent coordinator			\$	\$1000
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>					
15					
16					
17					
18					
19					
20					
<b>Other Employee Positions</b>					
21	Title			\$	\$
22	Title			\$	\$
23	Title			\$	\$
24	Subtotal employee costs:			\$2200	\$4000
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>					
25	6112 Substitute pay			\$	\$1000
26	6119 Professional staff extra-duty pay			\$	\$
27	6121 Support staff extra-duty pay			\$	\$
28	6140 Employee benefits			\$	\$
29	61XX Tuition remission (IHEs only)			\$	\$
30	Subtotal substitute, extra-duty, benefits costs			\$	\$1000
31	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>			<b>\$2200</b>	<b>\$5000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #9—Supplies and Materials (6300)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Supplies and Materials Requiring Specific Approval**

		<b>Grant Amount Budgeted</b>	<b>Match</b>
6300	Total supplies and materials that do not require specific approval:	\$7300	\$
<b>Grand total:</b>		<b>\$7300</b>	<b>\$</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #12—Demographics and Participants to Be Served with Grant Funds**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds.** Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.

Student Category	Student Number	Student Percentage	Comment
Economically disadvantaged	1120	73%	
Limited English proficient (LEP)	157	10%	
Attendance rate	NA	%	
Annual dropout rate (Gr 9-12)	NA	%	
Teacher Category	Teacher Number	Teacher Percentage	Comment
1-5 Years Exp.	8	40%	Teacher teach more than one class in the cluster
6-10 Years Exp.	1	5%	Teacher teach more than one class in the cluster
11-20 Years Exp.		%	
20+ Years Exp.	1	5%	Teacher teach more than one class in the cluster
No degree		%	
Bachelor's Degree	8	40%	
Master's Degree		%	
Doctorate	2	10%	

**Part 2: Students/Teachers To Be Served With Grant Funds.** Enter the number of students in each grade, by type of school, projected to be served under the grant program.

**School Type:** ☒ Public ☐ Open-Enrollment Charter ☐ Private Nonprofit ☐ Private For Profit ☐ Public Institution

Students														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										480	467	363	228	1538

Teachers														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
														20

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**Schedule #13—Needs Assessment**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

This Grant is a district level grant that will serve the four high schools in the district. We identified the needs of our pathway programs, by evaluating the growth or student interest from year to year, academic performance, college career readiness and the number of certifications or licenses students receive, from the program. The false dichotomy of just graduating from high school with a diploma is no longer appropriate. We must meet transformational needs that prepare our students to fill the gap in a shrinking workforce. The growth of our health science program has grown 30% over the past five years and many of our student have received certifications in OSHA, CPR, HIPPA and HCPA.

While achieving these certifications are commendable and show promising strides, only 1% of our students have received a certifications in high skill, high demand, high wage areas as identified by the state. The framework we have adopted in our need assessment process is to deliver a rigorous comprehensive program of study to ensure career and college success for our students. Our needs have been prioritized based on passing valid assessment that are benchmarked and supported by leaders in business, labor and education.

To achieve these priorities, ongoing transformation in the content, delivery and instruction must be delivered by qualified instructors who are proficient in relevant work based learning opportunities and leadership development. Having our instructor certified in state assessment that are identified as high skill, high demand, high wage will better for students who must pass an industry certification or procure a postsecondary credential.

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**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top three to five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Increase certifications in high skill, high demand, high wage jobs.	Have more certified instructor deliver instruction relevant to assessment. Instructors will become familiar with structure of assessment.
2.	Increase rigorous program of study	Allow instructor to develop valid assessment that are benchmarked and supported by leaders in business, labor and educations. Equip students to pass an industry certification or procure postsecondary credential.
3.	Increase certified instructor	Provide instructor with preparation material, practice assessment, and assement format.
4.	Increase the number of certifications for health science students.	Provide students with instructors that have pass certification exams, they will have to take.
5.		

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By TEA staff person:

**Schedule #14—Management Plan**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	CTE Program Specialist	Industry experience in a CTE related field. Valid teaching certificate in one or more Career and Technical Education program area. Three years job related experience
2.	CTE Business partners	Industry experience in a CTE related field.
3.	CTE Health Science instructors	Valid teaching certificates in one or more Career and Technical Education program area.
4.	Proctor	Complete the proctor training, sign the Proctor Oath and agree to abide by all testing policies and procedures.
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Provide all High School Health Science teachers with sample test and study material	1. Identify instructor for certification exam	10/06/2017	08/31/2018
		2. Identify area instructor will test	12/13/2017	02/16/2018
		3. Purchase study material and test	12/13/2017	01/31/2018
		4. Set time and date to take practice test	01/16/2018	08/31/2018
		5. Take practice test; begin preparing students	12/13/2017	08/31/2018
2.	Partner with NHA to setup requirements for Testing site	1. Contact NHA representative for requirements	10/06/2017	01/16/2018
		2. Identify Test site location	01/09/2018	01/31/2018
		3. Identify Test Proctors	01/09/2018	01/31/2018
		4. Certify Test site with NHA	01/16/2018	02/09/2018
		5.	XX/XX/XXXX	XX/XX/XXXX
3.	Have each high school setup as a testing site	1. Check Test Site	01/09/2018	08/31/2018
		2. Check computers for proper Hardware/Software	01/09/2018	08/31/2018
		3. Train Proctors	01/16/2018	08/31/2018
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.	Have all participating Health Science teacher certified in testing content area	1. Identify Test Location	01/09/2018	01/31/2018
		2. Setup time and date to take test	01/09/2018	08/31/2018
		3. Prepare students for test	12/13/2017	08/31/2018
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.	Prepare and Test students to be certified	1. Create a candidate profile for Test	12/13/2017	08/31/2018
		2. Prepare Detail Test Plan for students	12/13/2017	08/31/2018
		3. Prepare students using exam preparation Material	12/13/2017	08/31/2018
		4. Apply and Register for Exam	01/09/2018	08/31/2018
		5. Take Exam	01/16/2018	08/31/2018

**Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.**

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By TEA staff person:

**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Goals and objectives are monitored in Spring Independent School District by using a strategic design set of data tools. The tools are designed around submission of detailed lesson plans, teacher assessments, district assessments, state assessments, teacher conferences, and administrative classroom observations.

Once the data is collected department, campus and district level meetings are held to compare performance measurement to targeted baseline metrics and if large deviations are exposed, adjustment to our goals and objectives maybe necessary.

To communicate any necessary change, we conduct meetings of data talks kid talk, parent-teacher conferences district board meetings and provide progress reports.

**Part 4: Sustainability and Commitment.** Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Currently the district uses the CTE Advisory board committee to provide student with an opportunity to receive scholarships to pay exam certifications and licensors fees. This effort is use to minimize the financial impact on the students. We conduct students survey data in an effort to understand why students do not take, or pass industry certification exams. The data revealed two main concern's stated by the students; exam fees and preparation. Having the grant funds to increase the number of TEA industry trained certified instructors, purchase practice test, and preparation material the students are equipped to pass an industry certification exam.

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**Schedule #15—Project Evaluation**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Increase number of teachers taking capstone certification exam	1.	Registered for practice exam and report at cluster meeting on progress
		2.	Take practice exam by the fourth six week
		3.	
2.	Increase number of teachers passing capstone certification exam	1.	Use of preparation material and report on progress at cluster meeting
		2.	Passing score on capstone certification exam by the end of grant period
		3.	
3.	Increase number of testing site in district	1.	Open new site by the end of grant period
		2.	
		3.	
4.	Increase number of students taking capstone certification exam	1.	Registered for exam by the end of grand period
		2.	
		3.	
5.	Increase number of students passing capstone exam	1.	Evidence of Detail plan for capstone certification in lesson cycle quartly
		2.	Evidence of practice assessment for for certification exam quartly
		3.	Passing score on capstone certification exam

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Data will be collected from CTE district evaluation document at the CTE cluster meeting and from the student data management system addressing the following performance measurements:

- ❖ Number of teachers trained to be testing site instructors.
- ❖ How many additional testing sites were created as a result of this grant.
- ❖ How many additional tests were administered this year as a result of this grant.
- ❖ Number of students prepared to take each identified industry certification during the 2017–2018 school year, by identified certification.
- ❖ Number of students who successfully completed an identified certification exam.
- ❖ Number of students that took a capstone course for each industry certification exam listed by course name and course code

Six week reports will be run from our student data management system extracting assessment scores, attendance, and preparation activities. To assess program rigor, a survey will be completed by both teacher and student. Throughout the grant period, project delivery will be actively monitored during cluster meetings and classroom walk through.

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By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**TEA Program Requirement 7:** List capstone industry certifications and programs of study that were identified in partnership with postsecondary, industry, or other LEAs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

The Capstone industry certifications and programs of study that were identified are:

- ❖ Certified Nurse Aide/Assistance  
Program of study- Nursing and Pre-Medical Studies  
Partnership -Lones Star College System, Prairie View A&M University and Houston Northwest Medical Center.
- ❖ Certified Patient Care Technician  
Program of study- Nursing and Pre-Medical Studies  
Partnership-Conroe Health Care Center and Houston Northwest Medical Center
- ❖ Clinical Medical Assistance  
Program of study- Nursing, Hospital Administration, and Pre-Medical Studies  
Partnership-Conroe Health Care Center and Houston Northwest Medical Center
- ❖ Medical Laboratory Assistant  
Program of study- Nursing, Hospital Administration, and Pre-Medical Studies  
Partnership-Conroe Health Care Center and Houston Northwest Medical Center
- ❖ Pharmacy Technician  
Program of study- Nursing, Hospital Administration, and Pre-Medical Studies  
Partnership-University of Houston (School of Pharmacy) and Texas Southern University (School of Pharmacy)

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 101919

Amendment # (for amendments only):

**TEA Program Requirement 8:** Explain how the awarding of a Perkins Reserve Grant will complement the existing CTE program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

Awarding the Perkins Reserve Grant will complement our existing CTE program by increasing the number of industry certified teacher in TEA-identified capstone industry certifications. Having the instructor certified they will be able to administer rigorous industry certification training to our students by the end of the Health Science programs of study. Students being taught by an industry trained teacher are better prepared to pass an industry certification exam. These certifications will lead to higher student graduations rates, improve employment opportunities, and provide options for post-secondary education.

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**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including high school equivalency (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Gang-Related Activities (cont.)**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Drug-Related Activities**

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Tuancy**

#	Strategies for Absenteeism/Tuancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 101919

Amendment number (for amendments only):

**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z99	Other strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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